STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

January 23, 1996

ALL-COUNTY INFORMATION NOTICE NO. I-04-96

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

[x] State Law Change
[x] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

SUBJECT: SAWS 2A (11/95), SAWS 2 (10/95), AND TEMP 2110 (10/95)

REFERENCE: All County Letters (ACL) No. 95-74, 95-61, 95-57, 95-49, 95-38, 94-91, and 90-77; All County Welfare Director's Letter of October 30, 1995; All County Information Notice (ACIN) I-61-95; Budget Act or Fiscal Year (FY) 1995-1996; and The Americans with Disability Act (ADA); August 1994 State Appellate Court decision in Crespin v. Coye; Sawyer v. Anderson and the Department of Health Services (DHS) All County Welfare Director's Letter (ACWDL) 95-63

This notice provides you with new versions of the following forms:

- SAWS 2A (11/95), Rights, Responsibilities, and Other Important Information for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (CMSP)

- SAWS 2 (10/95), Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State-Run County Medical Services Program (CMSP)

Also enclosed is the TEMP 2110 (10/95), Cash Aid Lump Sum Notice, a new document that can be used for informing recipients of the Lump Sum rule independent of the SAWS 2A.

On the SAWS 2 and SAWS 2A program information is updated, text is simplified, and some sections are reformatted. Work incentive information is referenced prominently throughout the SAWS 2A. There is information about "Work Pays," along with details on work support provisions, including Greater Avenues for Independence (GAIN), the California Alternative Assistance Program (CAAP), Supplemental Child Care Program (SCC), Transitional Medi-Cal (TMC), Transitional Child Care (TCC), etc.

Other SAWS 2A changes update program information to address Cal-Learn and new Transitional Child Care regulations; the process to obtain reasonable accommodation (as required by the ADA); family planning services; and new Food Stamp (FS) regulations relating to child support and medical deduction reporting changes. In addition, the materials have been revised to address a fraudulent

application problem identified in the strategic plan, "Bringing Integrity to Welfare in California." Clients are informed that unannounced home visits and the viewing of family members will occur, and that Aid to Families with Dependent Children (AFDC) Intentional Program Violation (IPV) penalties will stop benefits for two years, four years, or forever, if they submit multiple applications or submit documents for nonexistent or ineligible children.

SAWS 2 changes include updating questions, County Use Only sections, the Child Health and Disability Prevention Program (CHDP) and the Family Planning Services narratives, and the Certification section.

For information about the new FS reporting changes, see ACL 95-49 for the child support deductions and ACL 95-57 for medical deductions. See Attachment A for an outline of the changes on the SAWS 2A (11/95) and SAWS 2 (10/95).

Counties can use the TEMP 2110 if they want to provide an AFDC recipient with information about the Lump Sum rule independent of the intake or redetermination process (when a SAWS 2A is provided). Additionally, the TEMP 2110 can be provided to any individual or organization that requests information about the Lump Sum rule.

IMPLEMENTATION OF OTHER REGULATIONS

- ACL 95-74 transmitted emergency regulations to implement new TCC provisions and the new AFDC Intentional Program Violation (IPV) penalties. The new TCC provision expands benefits to a recipient whose cash aid or CAAP is discontinued because he/she married or reunited with their spouse and no longer meets the deprivation requirement or has increased income, assets, or both. The duration of the IPV penalty is lengthened for serious offenses involving multiple applications and the submitting of documents for nonexistent or ineligible children.

- Because of the Sawyer v. Anderson Court Case, Temporary Workers Compensation (TWC), which is also known as Temporary Disability Indemnity Payment (TDI), is now treated as **earned** income in the AFDC and Medi-Cal Programs. The implementation plans were transmitted in ACL 95-61 for AFDC and DHS's ACWDL 95-63 for Medi-Cal. TWC will continue to be treated as **unearned** income in the FS Program.

- Informing narrative for self-employment compatibility for the AFDC and FS Programs and the new FS Intentional Program Violation penalties for firearms, ammunitions, explosives or controlled substances will be incorporated on the SAWS 2A. Self-employment compatibility and the new FS IPV penalties are expected to to be implemented in the first quarter of 1996.

- The Department of Health Services (DHS) will implement the August 1994 State Appellate Court decision in Crespin v. Coye later this year.

STOCK

The SAWS 2 will be a master only. SAWS 2As may be ordered from the CDSS Warehouse according to the forms ordering procedures in the County Forms Catalog upon receipt of the Notice of Change Form (GEN 127), which is issued when stock is available.

Counties are advised to limit the amount of stock on hand for these two forms. The SAWS 2/SAWS 2A are expected to be revised again in the next few months to incoporate narrative for self-employment compatibility, the new FS IPV penalties, and/or when Crespin is implemented by DHS.

CAMERA-READY COPIES

Counties that need a camera-ready copy of the SAWS 2A, SAWS 2, and/or TEMP 2110 may call: for English and Spanish: the Forms Management Unit at (916) 657-1984 or CALNET 437-1984; for Asian language (Chinese, Cambodian, and Vietnamese) versions: the Language Services Bureau at (916) 654-1282 or CALNET at 464-1282 or they may FAX their request to (916) 657-3429 or CALNET at 473-3429.

CONTACTS:

If you have any questions or need further information, please contact the following staff regarding the specific program areas:

- SAWS forms, the TEMP 2110, or this notice: Elizabeth Allred (916) 657-3350 or CALNET at 473-3350;
- Food Stamp Program: Melissa Buchanan at (916) 654-8467 or CALNET at 464-8467
- Asian/Spanish translations: Shirley LuKung, at (916) 654-1277 or CALNET at 464-1277.

Sincerely,

Bruce Wagstaff

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

c: CWDA
Frank Martucci, Department of Health Services

CHANGES COMMON TO THE SAWS 2A AND SAWS 2

- A "Work Pays" Logo is added to the first page of each form.
- The terms "Full Medi-Cal" and "Restricted Medi-Cal" are replaced by "Full Medi-Cal/ State-Run County Medical Services Program (CMSP)" or "Restricted Medi-Cal/ State CMSP."
- See "Medi-Cal/CMSP Changes" below for descriptions of the specific changes for each form.
- See "AFDC IPV Penalties" below for the specific narrative for each form.

SAWS 2A

OVERVIEW

- Font sizes are standardized for main and sub headings. New Page 3 provides "Work Pays" informing. Subsequent pages are renumbered. Pages 1, 2, and new Page 6 are reformatted to improve the flow of information. "Your Rights" on Page 1 and "Your Reporting Responsibilities" on new Pages 5 and 6 are numbered sequentially.
- The name of the form "Important Information for Applicants and Recipients for Cash Aid, Food Stamps and Medical Assistance" is revised to "Rights, Responsibilities and Other Important Information."

PAGE 1, INTRODUCTION AND YOUR RIGHTS

- Medi-Cal/CMSP Changes: title of form is revised.
- The introductory narrative is reformatted and streamlined.
- Item 1 is revised to update the narrative and the mailing address for the State Civil Rights Bureau.
- Item 8: the sentence that begins "If we think you might be eligible, you will get..." is changed to "If we think you might be eligible to get them right away, you will get..."
- Item 13 is revised to update the narrative.

PAGE 1, CONTINUED

- Item 14: Narrative is changed to "To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC)...or Food Stamp coupons replaced if lost in the mail, damaged, or destroyed. Your BIC may also be replaced if lost or stolen...."

- Item 17: the last line is changed from "...high use of utilities" to "high utility bills...."

- Items 20-24: Narrative for complaints and state administrative hearing requests is reorganized and updated. Information about hearing requests for State CMSP issues is incorporated.

PAGE 2, YOUR RESPONSIBILITIES

- The subset title, "Systematic Alien Verification for Entitlements (SAVE)," is changed to "Citizenship/Immigration Status."

- "Social Security Number (SSN) Rules"

  - Old paragraph three regarding Income Eligibility and Verification System (IEVS) informing is relocated as the first paragraph.

  - New paragraph two provides new AFDC informing: "For cash aid, you must give the county your SSN(s) or proof of application for a SSN within 30 days of application and give the SSN to the county when you get it."

- "Cooperation" narrative is added: "A county worker can come to your home at any time to check out your facts, including seeing each family member, without calling ahead of time."

- "Child/Spousal and Medical Support"

  - The "Cash Aid Only" labelling is deleted as this section also applies to Medi-Cal/ State CMSP.

  - Narrative is changed to "District Attorney/Family Support Division (DA/FSD)."

  - New bullet two adds the requirement to "tell the county or the DA/FSD anytime you get information about the absent parent, such as place of residence or work location."

  - The narrative "on or after this date" is deleted from bullets 5 and 6.

PAGE 2, CONTINUED

- o "Benefits Identification Card (BIC)"
  - The acronym "BIC" replaces the term "Medi-Cal card" in all bullets.
  - The bullet beginning "To never throw your BIC away" is resequenced as the second bullet. Boldfaced type is used for emphasis.

PAGE 3, WORK PAYS, AND PAGE 4, LUMP SUM (OLD PAGE 3)

- o New Page 3 provides information regarding "Work Pays" for the AFDC applicant/ recipient. Narrative on this page has been edited and reformatted as a "Work Pays" informing poster (TEMP 2109). A copy of and information about the TEMP 2109 was transmitted in ACIN I- 61-95.

- o New Page 4: the Lump Sum Notice has a new look and revised narrative. This page has been reproduced as a flyer, TEMP 2110, Cash Aid Lump Sum Notice. The TEMP 2110, which is available in a camera-ready format for county printing, is designated a "Recommended Form." However, narrative on the fom is designated "Required" and may not be edited without prior approval by CDSS.

PAGE 5, YOUR REPORTING RESPONSIBILITIES (OLD PAGE 4)

- o There were minor narrative changes in the "How You Must Report" sections for "Food Stamp Monthly/Non-Monthly" and for "Medi-Cal/State CMSP."

- o The section "What You Must Report" is retitled to "When You Must Report."

- o Item 1 is revised to add "Unemployment Insurance Benefits (UIB)."

- o New Item 2 adds "Anyone gets child/spousal or medical support money." On the prior revision the term "medical" was included with the bullet beginning: "Anyone has expenses that are paid for in total or in part...." See new Item 12.

- o Item 5 is revised to add "For Food Stamps Only, any child up to age 22 or any adult who starts or stops school/training (elementary through college)."

- o Item 8 adds a third sentence: "You must also ask for State CMSP, if it is available in the new county."

- o Items 17 and 19: narratives are streamlined.

PAGE 6, YOUR REPORTING RESPONSIBILITIES (CONTINUED); WORK INCENTIVES; AND OTHER IMPORTANT INFORMATION (OLD PAGE 5)

- This page is reformatted to list all Food Stamp (FS) reporting items in column 1.
- New Items 23 and 24 combine and streamline narratives regarding optional reporting requirements for FS.
- Item 24 is revised to insert narrative for the new FS reporting requirements for medical expenses.
- FS subheadings for Items 25-35: "You May Report If" and "You Must Report If" are changed to "You May Report When" and "You Must Report When."
- Item 33 is revised to parallel the wording in Item 15 on Page 5: "Anyone's physical or mental illness begins or ends."
- "Work Incentives" - subset headings in this new section provide informing on "Earned Income Disregards" and child care programs, such as Non-Gain Education and Training (NET) Program, California Alternative Assistance Program (CAAP), etc.
- "CAAP," "Transitional Child Care (TCC)" and "Transitional Medi-Cal (TMC)" - narratives are streamlined and updated.
- TCC narrative is updated and streamlined. Informing regarding the extension of TCC benefits to a recipient who gets married or back with their spouse is added..
- The "Other Important Information" section is relocated after "At Risk Child Care Program (ARCCP)."
- "Trustline Rules" - the subheading and informing narrative for "Trustline Registration" are added.
- "Women, Infants, and Children (WIC) Supplemental Program" informing is added.

PAGE 7, OTHER IMPORTANT INFORMATION (CONTINUED) (OLD PAGE 6)

- "Work and Training Rules" - narrative in the first paragraph is reorganized to specify types of required activities: such as "GAIN, NET, Cal-Learn, or the Food Stamp Employment Training Program." The third bullet in the third paragraph is revised to "Go to training or educational programs...."

PAGE 7, CONTINUED

- "Penalties" - The bullet "Deny your application(s)" is deleted. The bullet "Stop your Medi-Cal" is deleted. New bullet one now reads "Change the amount of your cash aid and/or food stamps."

- "Cal-Learn" - The paragraph title and narrative are added to provide Cal-Learn informing.

- "Resources and Property" - The first bullet is changed from "age 65" to "age 55." Remaining narrative in this bullet is updated.

- The subheading title "Aid Under the Federal AFDC-U Program" is changed to "Unemployed Parent." The remaining narrative is updated and reformatted.

PAGE 8, PENALTY WARNINGS AND CERTIFICATION (OLD PAGE 7)

- MC/CMSP changes: the Applicant/Recipient signature block is revised.

- "Penalty Warning" is renamed to "Penalty Warnings" and is now a main heading. The subheading "All Programs" is deleted. All paragraphs in this section are now in bold font.

  - "Disqualification Penalties" - the subheading is reformatted.

  - New AFDC IPV penalties informing is added: "If you file two or more applications for cash aid at the same time or give the county false proof for an ineligible child or a child that does not exist, your cash aid can be stopped for 2 years, 4 years, or forever."

  - The fourth paragraph: "These penalties..." is changed to "These disqualification penalties..."

  - The paragraph beginning: "In addition to disqualification penalties...." is deleted, as the "other penalties" of "fines and/or imprisonment" are discussed in column 1.

- The "Certification" section is substantially reformatted to simplify and streamline the Applicant/Recipient and Eligibility Worker sections. Additional changes include:

  - adding references to the Gain Informing Document (GAIN 53) and Medi-Cal form, MC 219.

  - deleting the narrative referring to Medi-Cal forms: "MC005, MC007, and MC009."

PAGE 8 CONTINUED

- shifting the "Date" box to the far right of each signature line to enlarge the applicant/recipient signature box so that all narrative can appear on one line.

- restructuring the eligibility worker's section so that the worker's signature would "certify" that, if appropriate, he/she gave the applicant/recipient a copy of the Lump Sum Notice, GAIN Informing Notice, and/or the MC 219. This new format eliminates the need for the worker to initial the "Lump Sum" line as shown on prior revisions.

SAWS 2

PAGES 1 AND 2

o MC/CMSP Changes: the title of the form and instructions on how to complete the form in the first bullet on page 1 were revised. Items 2 and 3 for "Type of Aid Requested" were revised to add "State CMSP."

o County Use Only (CUO) for Item 3: the "Declaration of Paternity Completed" section is deleted. Forms in the CA 2.1 series for the Office of Child Support will be revised at a later date to incorporate information about this declaration.

o CUO at the bottom of Page 1: "FS/Work/Training Exemptions" - "Exemption b" is revised to "Mentally/physically unfit for work."

o Item 4 is reformatted to obtain a "Yes/No" response.

- Narrative is changed to "Does the other parent(s) of the child(ren) or unborn live with you? If NO, explain below."

- Subset item titles changed to "Name of Parent" and "Give the Reason the Parent Does Not Live in the Home."

PAGE 3

o CUO for Item 6A: Narrative and checkboxes for documenting foster child/ caretaker relative's (CR) aid status for AFDC-Family Grant (FG). See ACL 94-91 regarding the rule change for CR eligibility for AFDC-FG when a dependent child(ren) is eligible for foster care benefits.

PAGE 4

- Item 13: Subset items A and B (regarding room and board) are reversed.

- CUO for Item 16: Narrative for documenting status for two students is reconciled and standardized.

PAGE 5

- Item 19 is reformatted to label the subset individuals as Person "A" and Person "B" to parallel the new CUO format for Item 19: "Earnings and Expenses" summary.

- CUO for Item 20A: narrative and checkbox are added to annotate when "Trustline Informing" is provided. See ACL 95-38, which is released by the Child Care Programs Section, for information about county informing requirements.

- Item 20B: "SCC" [Supplemental Child Care], "CAAP" [California Alternative Assistance Program], and "Cal-Learn" are added as examples of reimbursed child care costs.

- CUO for Item 23: "YES/NO" narrative and checkboxes are deleted.

PAGE 6

- CUO for Item 25 regarding selection of the Head of Household is deleted.

- CUO for Item 26A and 26B: the second checkbox is revised to "Currently receiving/ Got/or UIB eligible in last 12 months."

PAGE 7

- No changes.

PAGE 8

- Item 30A: Narrative in bullets 1 and 2 are combined to "Include all resources owned, used, controlled, shared or held jointly with persons listed in [Items] 2 or 3 and anyone else (even for convenience only)."

- CUO for Item 30: A checkbox and narrative are added to document a "Restricted Account."

- Item 32 - The third subset item is revised to clarify the need for both the purchase price and current value of an listed piece of property.

PAGE 9

- o Item 34 - The subset question "How Do You Use the Vehicle?" is reformatted. The checkbox response choices add: "For work, self-support/self-employment," "Needed for disabled household member," and "To get household's fuel or water."

- o CUO for Item 34: FS Only changes:

  - "(A)" is revised to add "primary transportation to get fuel/water."

  - "(C)" is revised from "Minus $4500" to "Minus $_____." Workers can annotate the correct amount of the deduction.

PAGE 10

- o No changes.

PAGE 11

- o New Item 44C adds the cash aid only question: "Is anyone getting In-Home Supportive Services (IHSS)? If YES, who."

PAGE 12

- o Item 46A: the "Child Health and Disability Prevention Program (CHDP)" now provides for separate "Yes/No" responses to the request for "medical" and "dental" services.

- o Item 46D: narrative now specifies some of the services available through Family Planning Services and the contact phone number for the applicant/recipient to obtain "facts and location of confidential family planning clinics."

- o Certification Section

  - The third sentence in the introductory paragraph is changed from "...and/or stopping my benefits for a period of time or forever" to now read "and/or stopping my benefits for 6 months, 12 months or forever."

  - Narrative for the new AFDC IPV penalties are: "I also understand that if I file two or more applications at the same time or I give the county false proof for an ineligible child or a child that does not exist, my cash aid can be stopped for two years, four years, or forever."

PAGE 12 CONTINUED

- New bullet 5 adds "I or other family members will be required to repay any cash aid I should not have received."

- The spacing for the "Signature" blocks is equalized.

RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and Food Stamp Programs, and/or Medi-Cal/State–Run County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or Medi-Cal/State CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes Aid to Families with Dependent Children (AFDC) and Refugee Cash Assistance (RCA).

Medi-Cal/State CMSP includes Full Medi-Cal/State CMSP benefits and Restricted Medi-Cal/CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

   State Civil Rights Bureau
   744 P Street, MS 15-70
   P.O. Box 944243
   Sacramento, CA 94244-2430

   or by calling collect (916) 654-2107 or for the hearing impaired TDD 1-800-654-2098.
2. To tell the county if you have a disability and need help applying for or continuing to receive cash aid, benefits, and services.
3. To ask for help to complete your application or any other cash aid, food stamp, or Medi-Cal/State CMSP form.
4. To ask for forms and notices to be translated if you don't read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/State CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for food stamps.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid or food stamps right away. If we think you might be eligible to get them right away, you will get an interview within one day for cash aid and within three days for food stamps.
9. To get Medi-Cal/State CMSP as soon as possible if you have a medical emergency or are pregnant.
10. To continue getting cash aid or Medi-Cal benefits without a break if you move from one County to another if you stay eligible.
11. To be told the rules for retroactive Medi-Cal/State CMSP eligibility.
12. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal/State CMSP.
13. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal/State CMSP.
14. To ask to have your Food Stamp I.D. or Medi-Cal Benefits Identification Card (BIC), Food Stamp authorization document or issuance card, or Food Stamp coupons replaced if lost in the mail, damaged, or destroyed. Your BIC may also be replaced if lost or stolen. The County will tell you if you are eligible.
15. To ask for extra money if your income drops or stops (Cash Aid Program Only).
16. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (Cash Aid Program Only).
17. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills because of a disability, etc. (Cash Aid Program only).
18. To get a written notice when your application is approved, denied, or when your benefits change or stop.
19. To have your records kept confidential by the county and state, unless you are getting cash aid and there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
20. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
21. To ask for a State Hearing within 90 days of the county's action for cash aid, food stamps, Medi-Cal, and, if you think you were not getting the right State CMSP services.
22. To ask for a State Hearing, you can write to your county welfare department or call the State toll-free telephone numbers listed in Item 20 above.
23. To appeal all State CMSP eligibility issues, you can **only write** to your county.
24. To be represented at a State hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid, food stamps or full Medi-Cal/State CMSP is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility for cash aid, food stamps, and full Medi-Cal/State CMSP.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, food stamp and Medi-Cal/State CMSP may result in repayment of benefits and/or criminal or civil action.

To give us the SSN for each applicant for cash aid, food stamps, and/or full Medi-Cal/State CMSP. Anyone who refuses to give either a SSN or proof of application for a SSN will not be able to get aid or benefits, **exempt applicants for restricted Medi-Cal/State CMSP.** For cash aid, you must give your SSN or proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it.

Verification(s)

To give proof or more facts when we ask. If you can't get proof, you will need to give the name of some other person or agency we may contact to get it. We will help you get proof when you can't get it. **Applicants for restricted Medi-Cal/State CMSP are not required to give a SSN, place of birth, or citizenship/immigration status.**

Cooperation

To cooperate with county, state and federal staff. A county worker can come to your home at any time to check out your facts, including seeing each family member, without calling ahead of time. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the County and the District Attorney/Family Support Division (DA/FSD) to:

- identify and locate any absent parent in your case;
- tell the county or the DA/FSD anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the DA/FSD any medical support money you get and if you get cash aid, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away.** You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have. To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/State CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

WORK PAY$ IN SO MANY WAYS

WORK PAYS
IN SO MANY WAYS

YOU CAN WORK AND STILL GET CASH AID

Working:

- **gives you more $$$$ in your pocket to help support your family.**
- **improves your chances for building a better life for you and your family.**
- **develops job skills.**
- **builds self-esteem.**
- **gives you personal satisfaction.**

Here's how "Work Pays"

When you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You are eligible for work-related and dependent (child and/or adult) care deductions.

If your child care costs are more than these deductions, you will get child care benefits to help you pay your costs. See Page 6 for facts about these child care benefits.

When you add the amount of your earnings to the amount of your cash aid, you will have more **$$$$** for you family.

You can get a salary and cash aid as long as you remain eligible and meet reporting rules in a timely manner

Ask your worker for more facts about "Work Pays."

Remember...When you don't work, the most $$$$ you can get is the maximum aid payment for your family size.

IMPORTANT!

CASH AID LUMP SUM NOTICE

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the rule for lump sum income.

Lump sum income is money you may get just one time or only once in a while. Lump sum income can be back Social Security benefits, Workers' Compensation payments, court awards, lottery winnings, inheritances, and the like.

If you get a lump sum, call your worker before you spend any of it.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it and the longer you cannot get cash aid.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum need amount for your family size. For example, if the need amount for your family is $600, and you get a lump sum of $6,000, you won't be able to get cash aid for 10 months ($6,000 ÷ by $600 = 10 months). The 10 month period of time you can't get cash because you got the lump sum is called the "period of ineligibility."

You will not be able to get cash aid even if you have used up the lump sum money before the period of ineligibility ends, but the period of ineligibility may be shortened if you have an emergency or if you add someone to your assistance unit. Call your worker if you have either of these changes.

If you have any questions, contact your worker for more information or you may call toll free **1-800-952-5253** or, for the hearing impaired **(TDD) 1-800-952-8349**. You may also contact your Legal Aid Office.

YOUR REPORTING RESPONSIBILITIES

You must report all changes to the county. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. If you get food stamps, your worker will tell you if you are a monthly or nonmonthly reporting household. If you get Medi-Cal/State CMSP, the county will tell you if you must report monthly or quarterly.

HOW YOU MUST REPORT

Cash Aid

You must report all changes to the county within 5 days AND turn in a complete Monthly Eligibility Report by the 5th of each month.

Food Stamp Monthly Reporting

You must turn in a complete Monthly Eligibility Report by the 5th of each month.

Note: If you get both cash aid and food stamps, you will need to turn in only one complete Monthly Eligibility Report by the 5th of each month.

Food Stamp Nonmonthly Reporting

You must report all changes within 10 days:

- by mail, telephone, or in person at the County Food Stamp office; OR
- on a DFA 377.5, Food Stamp Household Change Report; OR
- if you get cash aid, you may report the change(s) on your Monthly Eligibility Report.

Medi-Cal/State CMSP Reporting Quarterly

You must report all changes within 10 days AND turn in a complete Monthly Status Report by the 5th of each month or in a complete Medi-Cal Status Report when the county sends or gives it to you.

WHEN YOU MUST REPORT

Cash Aid, Food Stamp Monthly Reporting, and Medi-Cal/State CMSP Reporting

1. Anyone gets money (including lump sums) from work, relatives, Social Security, Unemployment Insurance Benefits (UIB), Veterans benefits, tax refunds, or any other source.
2. Anyone gets child, spousal, or medical support money.
3. Anyone's job or training program changes.
4. Anyone's income or source of income changes, starts, or stops.
5. Anyone age 16 or older starts or stops school, college, or training. For Food Stamps Only, any child up to age 22 or any adult who starts or stops school/training (elementary through college).
6. You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives, and non-relatives.
7. Anyone (including children) comes into the home, leaves the home, or plans to visit somewhere else for a short period of time.
8. Anyone moves to another address, plans to move (including out of state), or gets a new mailing address. If you move to another county and you want to keep getting benefits, you must tell the county giving you aid and/or benefits AND ask for cash aid, food stamps, or Medi-Cal in the new county. You must also ask for State CMSP, if it is available in the new county.
9. Any changes in rent or utility costs when there is a move or when anyone gets free rent/utilities.
10. Anyone gets payments or allowances for job, training, or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
11. Anyone has job, training, or school costs, such as dependent care, transportation, tuition, books, etc.
12. Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, dependent care, etc.
13. Anyone gets married, separated, divorced, or dies.
14. Anyone gets, sells, gives away or transfers real property, such as a home, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
15. Anyone's physical or mental illness begins or ends.
16. Anyone's citizenship/immigration status or documentation changes.
17. Anyone getting cash aid or Medi-Cal/State CMSP becomes pregnant, gives birth, or ends a pregnancy.
18. Anyone goes to or gets out of jail/prison.
19. Anyone's health care coverage/insurance changes or becomes available as a result of employment (cash aid and Medi-Cal/State CMSP).

Medi-Cal/State CMSP

20. Anyone enters or leaves a nursing home or long term care facility.
21. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
22. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

Food Stamp You May Report When:

23. A household member is age 60 or older.
24. Any member who is disabled or age 60 or older reports new medical expenses of $25 or more. Once verified, these previously unreported medical expenses will be used to refigure your allotment.

Food Stamp Nonmonthly Reporting You Must Report When:

25. Your total monthly income starts, stops, or changes by more than $25.
26. Anyone's source of income changes.
27. Anyone moves into or out of your home.
28. Anyone joins or leaves your household.
29. You move or you get a new address.
30. Your rent and utility costs **only** if you move.
31. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
32. The total of your household's stocks, bonds, or other money is or is more than $2000 (or $3000 if you have a household member who is age 60 or older).

Food Stamp Nonmonthly Reporting You May Report When:

33. Anyone's physical or mental illness begins or ends.
34. Anyone's citizenship/immigration status or documentation changes.
35. You have changes in your dependent care costs.

WORK INCENTIVES

EARNED INCOME DISREGARDS

When you are working and on cash aid, you are eligible for work-related disregards (deductions), such as the $90, $30 and 1/3 disregard, and the dependent care earned income disregard. You must report your earnings timely each month to get these disregards.

NON-GAIN EDUCATION AND TRAINING (NET) PROGRAM

If you get cash aid and are unable to be in GAIN, NET may help pay your child care if it is needed for you to attend a county-approved education and training program that leads to employment.

CALIFORNIA ALTERNATIVE ASSISTANCE PROGRAM (CAAP)

The CAAP Program can help pay your child care costs if you are are working and approved for cash aid, but choose not to get cash aid. You will get Medi-Cal and may be able to get food stamps. You can choose to in CAAP only at time of application for AFDC or at the annual review of eligibility for AFDC.

SUPPLEMENTAL CHILD CARE (SCC) PROGRAM

If you work and get cash aid, the SCC Program will help you pay your child care costs that are more than the amount allowed as a child care disregard (deduction).

TRANSITIONAL CHILD CARE (TCC)

If you go off cash aid or CAAP because of increased earnings, or if you got married or got back with your spouse, you may be eligible to get TCC to help pay your child care costs for up to 12 months after you are ineligible for AFDC.

TRANSITIONAL MEDI-CAL (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

AT RISK CHILD CARE PROGRAM (ARCCP)

If your family has a limited income and is not on AFDC, CAAP, or TCC, and a member of the family is working and needs child care so that he/she can continue to work, ARCCP may help pay his/her child care costs. Call toll-free 1-(800) 998-9114 to get more facts.

OTHER IMPORTANT INFORMATION

TRUSTLINE RULES

Your child care provider must be at least 18 years old and licensed by the State of California unless he/she is license exempt. License exempt means child care by a friend, neighbor or relative in your or in his/her home and he/she can only care for your and their own child(ren). License exempt care may also be care given by a recreational facility or a public or private school program.

If your provider is license exempt, you must help him/her to apply for Trustline Registration, unless your provider is an aunt, uncle, or grandparent or is a approved school or public recreational facility.

Ask your worker for more facts, including how to get a Trustline Registration packet for a license exempt provider.

WOMEN, INFANTS & CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM

The WIC Program is only for pregnant and breastfeeding women, infants, and children under age 5, who are at medical/nutritional risk. For more facts about WIC, **call:** your local county health department or the phone number for "WIC" in the telephone book.

CASH AID ONLY - PROOF OF FACTS

If you ask for cash aid within one month of the date it stopped, the county must not ask for any proof you already gave UNLESS:

- it is not in the case file, and
- it is needed to figure your current aid.

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file for proof needed to figure your cash aid when:

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have your prior case file, then the county will not be able to find proof you already gave.

If you have new changes since you last got cash aid, the county will need new proof.

OTHER IMPORTANT INFORMATION (CONTINUED)

CASH AID AND FOOD STAMP MONTHLY REPORTING HOUSEHOLDS – BUDGETING RULES

The amount of cash aid or food stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of cash aid and/or food stamps you can get two months later. For example, your income and allowable expenses from January are used to figure the cash aid and/or food stamp benefits you would get in March. This method is called retrospective budgeting.

CASH AID AND FOOD STAMP WORK AND TRAINING RULES

Your worker will look at your facts to see if the rules apply to you. Your worker will tell you what you need to do before and after your application is approved, such as take part in work, training, or educational activities: GAIN, NET, Cal-Learn or the Food Stamp Employment Training Program.

If the AFDC and Food Stamp rules apply to you, you will be registered for a work and/or training activity. Some cash aid clients will be told how to register with the Employment Development Department. If you are registered for a work and/or training activity, you must:

- Keep appointments made by your worker.
- Answer questions about your job experience and ability to work.
- Go to training or educational programs when we tell you to.
- Do job search when we tell you to.
- Check on possible jobs when we tell you about them.
- Take a suitable job if it is offered to you.

PENALTIES

If you don't follow the work and training rules, and don't have a good reason, we may:

- Change the amount of your cash aid and/or food stamps.
- Disqualify Food Stamp clients from getting food stamps for two months.

If someone joins your food stamp household who has been disqualified because they didn't follow the work and training rules, your Food Stamp household may be disqualified for up to two months.

CAL-LEARN

Cal-Learn helps pregnant and/or parenting teens under the age of 19, who are getting cash aid and do not have a high school diploma or its equivalent stay in or return to school. Teens in the Cal-Learn Program may get cash bonuses for good grades and graduation from high school. Cal-Learn teens may get help with child care, transportation, and other services. Cash penalties may be subtracted from their family's cash aid payment for not going to school or for getting poor grades.

FOOD STAMP VOLUNTARY QUIT

If you apply for or get food stamps and quit your job without a good reason, your household may be disqualified for three months. If someone else who quits a job without a good reason joins your household, your household may be disqualified for up to three months.

MEDI-CAL ONLY SPENDING DOWN EXCESS PROPERTY

If you get or apply for Medi-Cal/State CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. You may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.

RESOURCES AND PROPERTY

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse, minor children, or totally disabled children. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the State may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

CASH AID ONLY UNEMPLOYED PARENT

If you are applying as an unemployed parent, the principal earner (PE) must have a connection to the labor force. This means:

- The PE has a work history that meets the federal standard: OR
- The PE must be getting UIB or was eligible to get UIB in the last 12 months.

The PE is the parent who has the most earnings in the past 24 months.

Tell us about all work history for any parent living in the home. Tell us about all work, even part-time, farm labor, odd jobs, any work in other countries, etc. Tell us about any month in which anyone was in GAIN, NET, or other training programs.

FOOD STAMP ONLY STANDARD UTILITY ALLOWANCE (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the State Standard Utility Allowance (SUA). The SUA is one deduction for **all** of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification and one other time during each 12 month period. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the County to check your facts to see if you are eligible for the SUA.

PENALTY WARNINGS

If you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. For a cash aid violation, you may be fined up to $10,000 and/or sent to jail/prison for 5 years. For a food stamp violation, you may be fined up to $250,000 and/or sent to jail/prison for 20 years. You may be charged with committing a felony if more than $400 is wrongly paid out for cash aid, food stamps, or Medi-Cal/State CMSP because you didn't report all of your facts or changes in income, property, or family status.

FOOD STAMP ONLY

If your household receives food stamps, it must follow these rules:

- **Don't give wrong or incomplete facts to get or keep getting food stamps.**
- **Don't trade or sell food stamps, Authorization Documents (ADs), or issuance cards.**
- **Don't alter ADs or issuance cards to get food stamps you are not entitled to get.**
- **Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper, or cleaning products.**
- **Don't use someone else's food stamps, ADs, or issuance cards for your household.**

DISQUALIFICATION PENALTIES CASH AID AND FOOD STAMPS

If you fail to report or you give wrong facts or you don't follow cash aid and food stamp, program rules, it may result in a finding of Intentional Program Violation (IPV). An IPV can disqualify you from one or both programs.

Disqualification means you can't get cash aid or food stamps for a period of time. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and forever for the third violation.

If you file two or more applications for cash aid at the same time or give the county false proof for an ineligible child or for a child that does not exist, your cash aid can be stopped for 2 years, 4 years, or forever.

These disqualification penalties start after a state hearing or court of law finds that an IPV has been committed. Anyone accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone signing one of these documents accepts responsibility to repay any cash aid overpayment and/or Food Stamp overissuance.

CERTIFICATION

- I understand my rights and responsibilities and I agree to comply with my responsibilities.
- I understand the penalties for giving wrong or incomplete facts, failing to report facts or situations that may affect my eligibility or benefit level for cash aid or food stamps, and/or my Medi-Cal/State CMSP share of cost.

I certify I was given a copy of:

- **The Rights, Responsibilities, and Other Important Information (SAWS 2A)**
- **For Cash Aid:** • **The Lump Sum Notice and its importance has been explained to me.** _____ (APPLICANT/ RECIPIENT'S INITIALS)
  - **The GAIN Informing Notice (GAIN 53)**
- **For Medi-Cal/State CMSP: The MC 219 and the contents have been explained to me.**

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, Medi-Cal/State CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living in the Home)	Date
Witness, If You Signed With An "X"	Date

The applicant/recipient appears to understand:

- his/her rights and responsibilities.
- the penalties for giving wrong or incomplete facts, failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or food stamps, and/or his Medi-Cal/State CMSP share of cost.

I certify that the applicant/recipient was given a copy of:

- **The Rights, Responsibilities, and Other Important Information (SAWS 2A)**
- **For Cash Aid: the Lump Sum Notice; and the GAIN Informing Notice (GAIN 53)**
- **For Medi-Cal/State CMSP: the MC 219 and that I explained its contents to him/her.**

Eligibility Worker's Signature	Eligibility Worker's Number	Date

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
DEPARTMENT OF HEALTH SERVICES

STATEMENT OF FACTS FOR CASH AID, FOOD STAMPS AND MEDI-CAL/ STATE-RUN COUNTY MEDICAL SERVICES PROGRAM (CMSP)

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "FS" for Food Stamps and "MC" for Medi-Cal/State CMSP listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

COUNTY USE ONLY

CASE NAME

CASE NUMBER

WORKER | DATE RCD

CA FS MC (1) **Name of person applying, or caretaker relative of child(ren) for whom aid is wanted.** | HOME PHONE ( )

HOME ADDRESS (NUMBER, STREET) | MAILING ADDRESS (IF DIFFERENT) | DAYTIME PHONE ( )

CITY STATE ZIP CODE | CITY STATE ZIP CODE

☐ New ☐ Restoration
☐ Redetermine ☐ Recertification
☐ Residency Verified
☐ FS ID ☐ MC ID
☐ FS Aged/Disabled Verified

(2) **For each ADULT living in the home, give us all the facts. But if you are applying for Restricted Medi-Cal or Restricted CMSP, DO NOT give us any facts in any of the shaded boxes, such as Citizenship/Immigration Status, Social Security Number, and/or Birthplace.**

CA FS MC (A) APPLICANT'S NAME (FIRST, MIDDLE, LAST) | SEX (✓) ☐ M ☐ F

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U.S. Citizen ☐ Refugee ☐ PRUCOL ☐ Amnesty Alien with I-688
☐ Lawful Permanent Resident (LPR) Sponsored? ☐ YES ☐ NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE | BIRTHDATE / / | SOCIAL SECURITY NUMBER ___ ___

BLIND, DEAF OR DISABLED? ☐ YES ☐ NO | PREGNANT? ☐ YES ☐ NO | BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Full Medi-Cal ☐ Restricted Medi-Cal ☐ State CMSP

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

SFU (✓)	AU (✓)	MFBU (✓)		FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

GAIN | FS

VERIFIED:
☐ SSN ☐ Citizen/Immig. ☐ Blind/Deaf/Disabled ☐ SAVE

CA FS MC (B) ADULT'S NAME (FIRST, MIDDLE, LAST) | SEX (✓) ☐ M ☐ F

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U.S. Citizen ☐ Refugee ☐ PRUCOL ☐ Amnesty Alien with I-688
☐ Lawful Permanent Resident (LPR) Sponsored? ☐ YES ☐ NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE | BIRTHDATE / / | SOCIAL SECURITY NUMBER ___ ___

BLIND, DEAF OR DISABLED? ☐ YES ☐ NO | PREGNANT? ☐ YES ☐ NO | BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Full Medi-Cal ☐ Restricted Medi-Cal ☐ State CMSP

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

SFU (✓)	AU (✓)	MFBU (✓)		FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

GAIN | FS

VERIFIED:
☐ SSN ☐ Citizen/Immig. ☐ Blind/Deaf/Disabled ☐ SAVE

CA FS MC (C) ADULT'S NAME (FIRST, MIDDLE, LAST) | SEX (✓) ☐ M ☐ F

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U.S. Citizen ☐ Refugee ☐ PRUCOL ☐ Amnesty Alien with I-688
☐ Lawful Permanent Resident (LPR) Sponsored? ☐ YES ☐ NO

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE | BIRTHDATE / / | SOCIAL SECURITY NUMBER ___ ___

BLIND, DEAF OR DISABLED? ☐ YES ☐ NO | PREGNANT? ☐ YES ☐ NO | BIRTHPLACE CITY STATE COUNTRY

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Full Medi-Cal ☐ Restricted Medi-Cal ☐ State CMSP

MARITAL STATUS (✓)
☐ Married ☐ Never Married ☐ Separated
☐ Divorced ☐ Common Law ☐ Widowed

SFU (✓)	AU (✓)	MFBU (✓)		FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

GAIN | FS

VERIFIED:
☐ SSN ☐ Citizen/Immig. ☐ Blind/Deaf/Disabled ☐ SAVE

COUNTY USE ONLY

FS NON-HH/EXCLUDED MEMBER (63-402)

1. Separate HH (Purchase/prepare) (.12, .13)
2. Separate HH (Elderly/disabled) (.17)
3. Roomer (must be listed in (13)) (.211)
4. Live-in attendant (.212)
5. Other shared living quarters (.213)
6. Ineligible alien (.221)
7. Boarder (must be listed in (13)) (.3)
8. SSN disqualified (.222)
9. IPV disqualified (.223)
10. Workfare sanctioned (.224)
11. SSI/SSP recipient (.225)
12. Ineligible student (.226)
13. Work req. disqualified (.227)
14. Questionable Citizenship (403.31)

FS WORK/TRAINING EXEMPTIONS (63-407.1, .2)

a. Under 16/60 or older
a.(1) 16/17 not H of H; or 16/17 in school/training at least 1/2 time
b. Mentally/physically unfit for work
c. GAIN registered
d. Cares for child under 6 or incapacitated person
e. UIB registered
f. Participant in drug/alcohol program
g. 30 hour week/min. x 30
h. Meets student elig. reqs.

GAIN EXEMPTIONS (42-789 THRU 42-799)

01 Age under 16
02 School Attendance
03 Illness or injury
04 Age 60 or older
05 Incapacity
06 Remoteness
07 Care of Another Individual in HH
08 Care of Child Under Age 3 (Full)
09 Pregnancy
10 Working 30 hours per week
11 VISTA participant
12 Care of Child Under Age 3 (Limited)

(3) For each CHILD living in the home, c... out of the home for a short time, or child you clai... a tax dependent, give us all the facts. But if you are applying for Restricted Medi-Cal or Restricted CMSP, DO NOT give us any facts in any of the shaded boxes, such as Citizenship/Immigration Status, Social Security Number, and/or Birthplace.

COUNTY USE ONLY

CA FS MC **(A)** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER — —

SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE / /

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Medi-Cal ☐ Restricted Medi-Cal

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE

IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U. S. Citizen ☐ Lawful Permanent Resident (LPR)
☐ Refugee ☐ Amnesty Alien with I-688
☐ PRUCOL Sponsored? ☐ YES ☐ NO

BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO

PREGNANT? ☐ YES ☐ NO

MOTHER'S NAME

FATHER'S NAME

CHILD(REN) NEED AID BECAUSE OF PARENT'S (CHECK (✓) BELOW): DEATH | DISABILITY | ABSENCE | UNEMPLOYMENT

SFU (✓) | AU (✓) | MFBU (✓) | FS Non-HH/Excluded Member Code

☐ CA 2.1/CA 371

Work Registration/Exemption Codes:
GAIN | FS

Verified: ☐ Blind/Deaf/Disabled ☐ Deprivation ☐ Age ☐ SAVE ☐ Citizen/Immig. ☐ SSN Date: _____

CA FS MC **(B)** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER — —

SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE / /

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Medi-Cal ☐ Restricted Medi-Cal

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE

IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U. S. Citizen ☐ Lawful Permanent Resident (LPR)
☐ Refugee ☐ Amnesty Alien with I-688
☐ PRUCOL Sponsored? ☐ YES ☐ NO

BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO

PREGNANT? ☐ YES ☐ NO

MOTHER'S NAME

FATHER'S NAME

SFU (✓) | AU (✓) | MFBU (✓) | FS Non-HH/Excluded Member Code

☐ CA 2.1/CA 371

Work Registration/Exemption Codes:
GAIN | FS

Verified: ☐ Blind/Deaf/Disabled ☐ Deprivation ☐ Age ☐ SAVE ☐ Citizen/Immig. ☐ SSN Date: _____

CA FS MC **(C)** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER — —

SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE / /

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Medi-Cal ☐ Restricted Medi-Cal

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE

IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U. S. Citizen ☐ Lawful Permanent Resident (LPR)
☐ Refugee ☐ Amnesty Alien with I-688
☐ PRUCOL Sponsored? ☐ YES ☐ NO

BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO

PREGNANT? ☐ YES ☐ NO

MOTHER'S NAME

FATHER'S NAME

SFU (✓) | AU (✓) | MFBU (✓) | FS Non-HH/Excluded Member Code

☐ CA 2.1/CA 371

Work Registration/Exemption Codes:
GAIN | FS

Verified: ☐ Blind/Deaf/Disabled ☐ Deprivation ☐ Age ☐ SAVE ☐ Citizen/Immig. ☐ SSN Date: _____

CA FS MC **(D)** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER — —

SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE / /

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Medi-Cal ☐ Restricted Medi-Cal

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE

IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U. S. Citizen ☐ Lawful Permanent Resident (LPR)
☐ Refugee ☐ Amnesty Alien with I-688
☐ PRUCOL Sponsored? ☐ YES ☐ NO

BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO

PREGNANT? ☐ YES ☐ NO

MOTHER'S NAME

FATHER'S NAME

SFU (✓) | AU (✓) | MFBU (✓) | FS Non-HH/Excluded Member Code

☐ CA 2.1/CA 371

Work Registration/Exemption Codes:
GAIN | FS

Verified: ☐ Blind/Deaf/Disabled ☐ Deprivation ☐ Age ☐ SAVE ☐ Citizen/Immig. ☐ SSN Date: _____

CA FS MC **(E)** CHILD'S NAME (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER — —

SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY)

BIRTHDATE / /

TYPE OF AID REQUESTED (✓)
☐ Cash Aid ☐ Food Stamps ☐ None
☐ Medi-Cal ☐ Restricted Medi-Cal

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE

IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO

CITIZENSHIP/IMMIGRATION STATUS (✓)
☐ U. S. Citizen ☐ Lawful Permanent Resident (LPR)
☐ Refugee ☐ Amnesty Alien with I-688
☐ PRUCOL Sponsored? ☐ YES ☐ NO

BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO

PREGNANT? ☐ YES ☐ NO

MOTHER'S NAME

FATHER'S NAME

SFU (✓) | AU (✓) | MFBU (✓) | FS Non-HH/Excluded Member Code

☐ CA 2.1/CA 371

Work Registration/Exemption Codes:
GAIN | FS

Verified: ☐ Blind/Deaf/Disabled ☐ Deprivation ☐ Age ☐ SAVE ☐ Citizen/Immig. ☐ SSN Date: _____

CA MC **(4) Does the other parent(s) of the child(ren) or unborn live with you?** ☐ YES ☐ NO

If "NO", explain below:

NAME OF PARENT	GIVE THE REASON THE PARENT DOES NOT LIVE IN THE HOME

CA FS MC (5) **Has anyone changed citizenship/immigration status in the last 12 months?** ☐ YES ☐ NO

If "YES", complete below:

WHO	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)

COUNTY USE ONLY

☐ Verif. on File
☐ CA 64
☐ MC 13

CA FS (6) A. **Is a foster child living in the home?** ☐ YES ☐ NO

If "YES", who:

FS B. **Do you want the foster child(ren) and foster care income counted on the Food Stamp Case?** ☐ YES ☐ NO

☐ AFDC and FC Elig/CR Chooses:
Child ☐ AFDC ☐ FC
CR: ☐ AFDC ☐ None

CA FS MC (7) **Has anyone ever used any other name (maiden, adoptive, etc.)?** ☐ YES ☐ NO

If "YES", complete below:

WHO	OTHER NAME(S) USED
WHO	OTHER NAME(S) USED

CA FS MC (8) A. **Does everyone live in California?** If "NO", explain:

B. **Does everyone plan to stay in California permanently?** If "NO", explain:

C. **Does anyone own, lease or maintain a home outside California?** If "YES", explain:

D. **Is anyone currently getting public assistance outside California?** If "YES", explain:

E. **Is anyone planning to leave California for more than 60 days?** If "YES", explain:

	YES	NO
A.		
B.		
C.		
D.		
E.		

☐ Property

☐ PA

Calif. Resident
☐ Yes ☐ No

MC (9) **Are you or any family member claimed as a deduction for income tax purposes by a person who does not live with you?** ☐ YES ☐ NO

If "YES", who:

WHO CLAIMS FAMILY MEMBER	ADDRESS	RELATIONSHIP
WHO CLAIMS FAMILY MEMBER	ADDRESS	RELATIONSHIP

CA FS MC (10) A. **Has anyone's cash aid, food stamps or Medi-Cal been stopped due to: non-cooperation during a quality control review, work or training sanctions, or for any other reason?** ☐ YES ☐ NO

If "YES", explain below:

WHO	WHY	WHEN	WHAT COUNTY/STATE

CA FS B. **Has anyone's cash aid or food stamps been stopped for 6 months, 12 months, or forever due to welfare fraud or an Intentional Program Violation?** ☐ YES ☐ NO

If "YES", explain below:

WHO	WHY	WHEN	WHAT COUNTY/STATE

FS (11) **Does anyone living with you buy food and fix meals separately from others in the home?** ☐ YES ☐ NO

If "YES", explain who:

Separate household eligible:
☐ YES ☐ NO

FS (12) **Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability?** ☐ YES ☐ NO

If "YES", explain who:

Separate household eligible:
☐ YES ☐ NO

CA FS MC (13) **A. Do you pay someone else for meals and/or a room?** ☐ YES ☐ NO
If "YES", complete below:

WHO	CHECK (✓)	HOW MUCH	HOW OFTEN	NO. OF MEALS PER DAY
	☐ Meals ☐ Room ☐ Both	$		

FS **B. Does anyone pay you for meals and/or a room?** ☐ YES ☐ NO
If "YES", complete below:

NAME	CHECK (✓)	HOW MUCH	HOW OFTEN	NO. OF MEALS PER DAY
	☐ Meals ☐ Room ☐ Both	$		

FS (14) **Does anyone get food from any of the following programs?** ☐ YES ☐ NO
☐ Meals on Wheels ☐ Communal dining facility for the elderly or disabled
☐ Food distribution program operated by a Native American reservation
☐ Other food program

WHO	NAME OF PROGRAM	WHO	NAME OF PROGRAM

CA FS MC (15) **A. Does anyone live in any of the following:** ☐ YES ☐ NO
If "YES", complete below:
☐ shelter, center
☐ reservation for Native Americans
☐ psychiatric hospital/mental institution
☐ group living arrangement for the disabled/blind
☐ hospital or nursing home
☐ subsidized housing for the elderly
☐ drug or alcohol rehabilitation center
☐ board and care home
☐ penal institution/correctional facility

WHO	NAME OF CENTER, SHELTER, HOSPITAL, ETC.	DATE ENTERED	DATE EXPECTED TO LEAVE

MC **B. Does the person who is in a hospital or nursing home have a spouse or minor child at home?** ☐ YES ☐ NO

CA FS MC (16) **A. Is anyone age 16 or older enrolled in school, college, or a training program?** ☐ YES ☐ NO
If "YES", complete below:

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) ☐ Full time ☐ Half time ☐ Other (specify):	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO

NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) ☐ Full time ☐ Half time ☐ Other (specify):	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO

CA FS MC **B. Complete below for anyone enrolled in college or attending a similar educational institution.**

TERM ☐ Semester ☐ Year ☐ Quarter	TUITION/FEES PER TERM $	BOOKS, EQUIPMENT, ETC., PER TERM $
ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)	DAYS ATTENDING PER WEEK	TRANSPORTATION USED
TRANSPORTATION COST PER WEEK $	AMOUNT PAID BY CAR POOL MEMBERS $	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY $

CA (17) **Is anyone under age 19 and pregnant or a teen parent?** ☐ YES ☐ NO
If "YES", complete below:

NAME	AGE	CHECK (✓) STATUS ☐ Pregnant ☐ Teen Parent

SCHOOL STATUS, CHECK (✓)
☐ High School Diploma ☐ GED ☐ Not Attending School (explain):
☐ Currently Attending School ☐ Other (explain):

NAME	AGE	CHECK (✓) STATUS ☐ Pregnant ☐ Teen Parent

SCHOOL STATUS, CHECK (✓)
☐ High School Diploma ☐ GED ☐ Not Attending School (explain):
☐ Currently Attending School ☐ Other (explain):

CA FS MC (18) **Has anyone been in the U.S. military service or the spouse, parent or child of a person who has been in the military service?** ☐ YES ☐ NO
If "YES", explain: (List name, branch of service, etc.)

COUNTY USE ONLY

Household Elects		ROOMER
BOARDER	HH MEMBER	

FS Eligible Institution
☐ YES ☐ NO
CA Eligible
☐ YES ☐ NO

School Enrollment Verif.
☐ YES ☐ NO
Date Verified:
FS Eligible Student
☐ YES ☐ NO

School Enrollment Verif.
☐ YES ☐ NO
Date Verified:
FS Eligible Student
☐ YES ☐ NO

Expenses Verified
☐ YES ☐ NO
Date Verified:

Financial Aid
☐ YES ☐ NO

Verified:
☐ Packet given to applicant (Cal-Learn Informing)
☐ Referred to GAIN

Verified:
☐ Packet given to applicant (Cal-Learn Informing)
☐ Referred to GAIN

☐ CA 5

CA FS MC (19) **Is anyone, including children, working now or expect to be working in the next two months?** ☐ YES ☐ NO
If "YES", complete below:
(NOTE: If self-employed, list and explain expenses on a separate sheet of paper and attach it to this form.)

A. NAME	SELF-EMPLOYED ☐ YES ☐ NO	EMPLOYER NAME	OCCUPATION
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS $ per	TIPS OR COMMISSIONS ☐ YES Amount $ ☐ NO
B. NAME	SELF-EMPLOYED ☐ YES ☐ NO	EMPLOYER NAME	OCCUPATION
DAYS/HOURS WORKED PER MONTH	PAY DATE(S)	WAGES BEFORE DEDUCTIONS $ per	TIPS OR COMMISSIONS ☐ YES Amount $ ☐ NO

COUNTY USE ONLY
Earnings and Expenses (✓)Check if exempt
☐ If earnings and expenses are exempt
A: ☐ CA ☐ MC FS: ☐ Adult ☐ Child
B: ☐ CA ☐ MC FS: ☐ Adult ☐ Child
Verified ☐ A ☐ B
FS S/E Farmer ☐ A ☐ B

CA FS MC (20) **A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job?** ☐ YES ☐ NO
If "YES", complete below and (✓) if for work or training.

WHO GETS CARE	WHO PAYS	WHO GIVES CARE		AMOUNT/WHEN
			☐ WORK ☐ TRAINING	$ EVERY
WHO GETS CARE	WHO PAYS	WHO GIVES CARE		AMOUNT/WHEN
			☐ WORK ☐ TRAINING	$ EVERY

Child Care Informing
☐ CAAP ☐ SCC ☐ NET
☐ Trustline Informing
☐ Dependent Care Verified
Is there another person in MFBU who could provide care?
☐ YES ☐ NO
If Yes, who: _____

CA FS MC **B. Does anyone get his/her child care costs paid for them?** ☐ YES ☐ NO
Include costs paid by a relative or friend, Department of Education, Block Grant, CARE, TCC, NET, GAIN, SCC, CAAP, etc.
If "YES", complete below:

NAME OF CHILD	AMOUNT $	HOW OFTEN	WHO PAYS
NAME OF CHILD	AMOUNT $	HOW OFTEN	WHO PAYS

CA FS MC (21) **Does anyone pay child or spousal support?** ☐ YES ☐ NO
If "YES", complete below:

WHO PAYS	FOR WHOM?	AMOUNT PER MONTH $

Court Order on File ☐ YES ☐ NO
Amount Ordered $

CA FS MC (22) **Has anyone stopped or refused work or training within the last 60 days?** ☐ YES ☐ NO
If "YES", complete below:

NAME	NUMBER OF HOURS OF WORK/TRAINING	Did this person get or expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO	
	Last month_____ This month_____	LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS $
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS $
		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS ☐ YES AMOUNT $ ☐ NO
		REASON FOR LEAVING JOB/TRAINING	

☐ CA 30 days ☐ FS 60 days ☐ MC 30 days
Empl. Statement ☐ YES ☐ NO
Good Cause Determ. ☐ YES ☐ NO
Voluntary Quit ☐ YES ☐ NO
FS Vol. Quit or Refusal
☐ Work history last 90 days

NAME	NUMBER OF HOURS OF WORK/TRAINING	Did this person get or expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO	
	Last month_____ This month_____	LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS $
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS $
		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS ☐ YES AMOUNT $ ☐ NO
		REASON FOR LEAVING JOB/TRAINING	

☐ CA 30 days ☐ FS 60 days ☐ MC 30 days
Empl. Statement ☐ YES ☐ NO
Good Cause Determ. ☐ YES ☐ NO
Voluntary Quit ☐ YES ☐ NO
FS Vol. Quit or Refusal
☐ Work history last 90 days

CA FS MC (23) **Is anyone on strike?** ☐ YES ☐ NO
If "YES", complete below:

NAME OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM
NAME OF UNION	
DATE WENT ON STRIKE	GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE

Striker Regs Apply
☐ CA ☐ FS ☐ MC

CA FS MC (24) **Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months?** ☐ YES ☐ NO
If "YES", complete below:

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

FS (25) Who do you want as the head of your food stamp household?

CA FS MC (26) Has any parent living in the home worked or been in training in the past 5 years. If "YES", complete below: ☐ YES ☐ NO
- Include all work done outside the U.S.
- Include work done in exchange for something besides money, such as rent, food, utilities or **anything else.**

A. NAME | IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO | IF "YES", LIST TRIBE:

Begin with this person's most recent job or training.

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid
1. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	7. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
4. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	8. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly

B. NAME | IS HE/SHE A NATIVE AMERICAN? ☐ YES ☐ NO | IF "YES", LIST TRIBE:

Begin with this person's most recent job or training.

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / MO DAY YR To / /	Amount Paid
1. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	7. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly
4. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly	8. ☐ Work ☐ Training	From / / To / /	$ ☐ Weekly ☐ Monthly

COUNTY USE ONLY

PRINCIPAL EARNER (PE) | DATE OF APPLICATION | QUARTER OF APPLICATION

PE* eligible or would have been eligible to receive UIB in last 12 months? ☐ YES ☐ NO

Redetermination — Federal eligibility was determined per ☐CA 2 ☐JA 2 ☐SAWS 2 ☐MC 210 Date: ______

Do only for the PE*	Begin with the quarter prior to the quarter of application															
		Year														
		Quarter														
		Work ($50)														
		Training (GAIN, etc.)														

Are there 6 quarters of work and/or training within any one of the 13 consecutive quarter periods? ☐ YES ☐ NO

The last day PE worked? ______ Case is ☐ Non-Fed ☐ Fed effective ______

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

COUNTY USE ONLY

Principal earner/UIB requirements

Earnings from month prior to month of application

App Date: ______

Earnings from ______ *to* ______

MO/YR	(26) A	(26) B
	$	$
TOTAL	$	$

(26)A *Tribal JOBS Referral* ☐ YES ☐ NO

UIB: ☐ *Verif. on file*

☐ *Must apply for*

☐ *Currently Receiving/Got/or UIB Eligible in Last 12 months*

☐ *Ineligible Reason:*

(26)B *Tribal JOBS Referral* ☐ YES ☐ NO

UIB: ☐ *Verif. on file*

☐ *Must apply for*

☐ *Currently Receiving/Got/or UIB Eligible in Last 12 months*

☐ *Ineligible Reason:*

CA FS MC (27) **A. Does anyone, including children, get or expect to get money from any source listed below?** Check (✓) YES or NO for each item.

	YES	NO
• Training		
-Work Study, JTPA, GAIN, or other program	☐	☐
-Other training allowance	☐	☐
• Educational grants, loans and scholarships	☐	☐
• Welfare		
-AFDC	☐	☐
-Refugee Assistance	☐	☐
-GA/GR (General Assistance/Relief)	☐	☐
• State Benefits		
-UIB (Unemployment Insurance)	☐	☐
-DIB/SDI (State Disability)	☐	☐
• Workers Compensation	☐	☐
• Support		
-Child/spousal	☐	☐
-(Money for) Medical bills or premiums	☐	☐
• Social Security Benefits		
-Disability	☐	☐
-Retirement or survivors	☐	☐
-SSI	☐	☐
• Legal or insurance settlements/ court actions pending	☐	☐
• Strike benefits	☐	☐
• Veterans Administration		
-Aid and attendance	☐	☐
-Disability	☐	☐
-GI Bill/VEAP	☐	☐
• Military allotment or pension	☐	☐
• Railroad Retirement		
-Disability	☐	☐
-Retirement	☐	☐
• Other federal, state, or local government agency		
-Disability	☐	☐
-Retirement	☐	☐
• Other pension or disability	☐	☐
• Loans, gifts, contributions	☐	☐
• Income from rental property	☐	☐
• Winnings (bingo, lottery, prizes, etc.)	☐	☐
• Sale of notes, contracts, trust deeds, promissory notes	☐	☐
• Other (Explain)	☐	☐

COUNTY USE ONLY

☐ Casualty Unit Notified
☐ Verif(s) on File
Explain Anticip. Income

Workers Comp:
☐ Temporary ☐ Permanent

If "YES", complete below:

WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN
		$		
		$		
		$		

(✓) If exempt

AFDC	FS	MC

CA FS MC **B. Does anyone expect a change in the current amount of money received now, such as a cost-of-living raise?** ☐ YES ☐ NO
If "YES", complete below:

WHO	WHAT	AMOUNT	WHEN
		$	

CA FS MC (28) **Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?** ☐ YES ☐ NO
If "YES", complete below:

ITEM RECEIVED		WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent	☐ Free ☐ Exchange		$	
Utilities	☐ Free ☐ Exchange		$	
Food	☐ Free ☐ Exchange		$	
Clothing	☐ Free ☐ Exchange		$	

In-Kind Income
Verif. on file ☐ YES ☐ NO

Partial	Full	
	Earned	Unearned
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

CA FS MC (29) **A. Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S.?** ☐ YES ☐ NO
If "YES", complete below. Include land and/or buildings in which the title is shared.

TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED
				$

Home Exempt ☐ YES ☐ NO
Other Real Property
Market Value $
Amount Owed $
Net Value $
Lien Applicable ☐ YES ☐ NO

CA MC **B. Does anyone own a house that is not lived in now that he/she hopes to return to someday?** ☐ YES ☐ NO
If "YES", complete below:

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total Countable property: Page 7
(List totals on page 9)

AFDC $
FS $
MC $

CA FS MC (30) **A. Does anyone, including children, have any of the following resources?**
Check (✓) each item either "YES" or "NO".
- Include all resources owned, used, controlled, shared or held jointly with persons listed in (2) and (3) (even for convenience only).
- The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial/Funeral arrangements, burial trusts, plots or burial space			Other (explain)		
Income tax refund					

IF "YES", COMPLETE BELOW:

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
				$
				$
				$
				$

CA FS MC **B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?** ☐ YES ☐ NO
If "YES", complete below:

WHO	SOURCE OF MONEY	AMOUNT	HOW OFTEN
		$	
		$	

MC (31) **Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services?** ☐ YES ☐ NO
If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
$			
$			
$			

CA FS MC (32) **Does anyone own any personal property which costs at least $100 or which is now worth at least $100, such as:** ☐ YES ☐ NO
- boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers.
- guns; tools; business or sporting equipment, etc.
- pets or livestock.
- jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.). Do not include wedding and engagement rings or heirlooms.

If "YES", complete below:

ITEM	DATE BOUGHT	PURCHASE PRICE/ CURRENT VALUE IF A GIFT CHECK (✓)	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE/ CURRENT VALUE IF A GIFT CHECK (✓)	AMOUNT OWED
		☐ Gift $ /$	$			☐ Gift $ /$	$
		☐ Gift $ /$	$			☐ Gift $ /$	$
		☐ Gift $ /$	$			☐ Gift $ /$	$

COUNTY USE ONLY

☐ Trust Fund/Not Court Ordered
☐ Court Petitioned Date _____
☐ Resource Verified: Explain how:

Total Value = _____

☐ Burial Reserve or Trust
- ☐ Revocable
- ☐ Irrevocable
- ☐ Designated Fund and Current Value $_____

☐ Restricted Account

Check (✓) if exempt

AFDC	FS	MC

Verified ☐ YES ☐ NO

Lien Applicable ☐ YES ☐ NO
Security Agreement ☐ YES ☐ NO

MC 174 completed and sent ☐ YES ☐ NO

☐ Pickle Program: $500 + limit

Total Countable property: Page 8
(List totals on page 9)
AFDC $ _____
FS $ _____
MC $ _____

CA FS MC (33) **A. Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?** ☐ YES ☐ NO

(List any property sold or traded within the last 2 years for cash aid, within the last 3 months for food stamps and within the last 3 years (36 months) for Medi-Cal).

If "YES", explain what and when:

MC **B. Has anyone received money from insurance or court settlements, inheritance, lottery or back pay in the last 3 years (36 months)?** ☐ YES ☐ NO

If "YES", complete below:

SOURCE	DATE RECEIVED	AMOUNT
		$
		$

COUNTY USE ONLY

Closed Bank Accts:

- ☐ Food Stamps in last 3 months
- ☐ Cash Aid in last 2 years
- ☐ Medi-Cal in last 3 years (36 months)
- ☐ Adequate Consideration
- ☐ Spenddown

LTC ONLY

Total Nonexempt Property

$ _____

CA FS MC (34) **Does anyone own, have the use of or have their name on the registration of any motor vehicle, even if not running?** ☐ YES ☐ NO

If "YES", complete below. Look at your registration to get facts for each vehicle:

	VEHICLE (1)	VEHICLE (2)	VEHICLE (3)
OWNER OF VEHICLE			
NAME OF PERSON WHO USES VEHICLE			
YEAR/MAKE/MODEL			
LICENSE NUMBER			
ESTIMATED VALUE	$	$	$
BALANCE OWED	$	$	$
LICENSED? (✓ BOX)	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
HOW DO YOU USE THE VEHICLE?	☐ As a Home ☐ General Use ☐ To go to work or training, or for job search ☐ For work, self-support/self-employment ☐ Needed for disabled household member ☐ To get household's fuel or water	☐ As a Home ☐ General Use ☐ To go to work or training, or for job search ☐ For work, self-support/self-employment ☐ Needed for disabled household member ☐ To get household's fuel or water	☐ As a Home ☐ General Use ☐ To go to work or training, or for job search ☐ For work, self-support/self-employment ☐ Needed for disabled household member ☐ To get household's fuel or water

Compute Vehicle Valuation in Section Below

☐ Verifications viewed

Vehicle value
(Enter Date of blue book issue or other documentation)

(1) Date:_____ $_____

(2) Date:_____ $_____

(3) Date:_____ $_____

COUNTY USE ONLY - VEHICLES

FOOD STAMPS	VEHICLE (1)	VEHICLE (2)	VEHICLE (3)
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	☐ YES (Exclude) ☐ NO Go to B	☐ YES (Exclude) ☐ NO Go to B	☐ YES (Exclude) ☐ NO Go to B
(B) 1. Is vehicle for home use? (Allow one vehicle only) OR 2. Is vehicle used for job search, employment or training? (63-501.523)	☐ YES → ☐ YES Go to C Use Excess Value; ☐ NO Go to C and D. Use Greater Value	☐ YES → ☐ YES Go to C Use Excess Value; ☐ NO Go to C and D. Use Greater Value	☐ YES → ☐ YES Go to C Use Excess Value; ☐ NO Go to C and D. Use Greater Value

(C) Fair Market Values-FS

FMV			
Minus $	Minus $	Minus $	Minus $
Excess Value			

(D) Equity Values-FS

FMV			
Minus Encumbrance			
Equity Value			

AFDC

	(1)	(2)	(3)
Class			
Year			
Value			
Amount Owed			
Net Value			
$1500 Exempt: $4500 Exempt: 1 MV Only			
Total Value			
Excess Value			

MEDI-CAL

	(1)	(2)
DMV/YR/Class Code	_____	_____
Vehicle Market Value	$_____	$_____
Less Encumbrances	$_____	$_____
Net Value	$_____	$_____
Exempt	☐ Y ☐ N	☐ Y ☐ N

TOTALS: VEHICLE FS

Excess Value $ _____

Equity Value $ _____

Grand Total Countable property
(List totals from pages 7, 8, and 9)

Page	AFDC	FS	MC
(9)	$_____	$_____	$_____
(8)	$_____	$_____	$_____
(7)	$_____	$_____	$_____
Total	$_____	$_____	$_____

CA FS MC (35) **A. Does anyone have any housing costs?** ☐ YES ☐ NO
If "YES", complete below:

	HOW MUCH	HOW OFTEN BILLED
Rent	$	
House (mortgage) payment	$	
Property taxes (if not in house payment)	$	
Insurance (if not in house payment)	$	
Other (explain)	$	

CA FS MC **B. Does anyone else pay all or part of these housing costs? Include any rental assistance programs, such as HUD, Section 8, etc.** ☐ YES ☐ NO
If "YES", complete below:

TYPE OF HOUSING	WHO PAYS	HOW MUCH	HOW OFTEN BILLED
		$	
		$	

COUNTY USE ONLY

Housing verified ☐ YES ☐ NO

Total housing $ _____

☐ Shared housing
☐ YES ☐ NO

FS (36) **A. Does anyone have any utility costs?** ☐ YES ☐ NO
If "YES", complete below:

	YES	NO	HOW MUCH	HOW OFTEN BILLED
Gas or other fuel			$	
Electricity or other fuel			$	
Is the gas or electricity or other fuel used to heat or cool your house or cook your food?			$	
Water			$	
Sewage			$	
Garbage or trash			$	
Telephone (Basic rate for one phone plus tax)			$	
Installation of utilities			$	
Other (explain)			$	

Utilities verified
☐ YES ☐ NO

Metered
☐ YES ☐ NO

Client elects
☐ Actual
If Actual, Total Utilities
$_____

☐ SUA
SUA prorated
☐ YES ☐ NO
If YES, show computation:

FS **B. Does anyone pay all or part of these utility costs? Include Low Income Energy Assistance, etc.** ☐ YES ☐ NO
If "YES", complete below:

TYPE OF UTILITY	WHO	HOW MUCH ($ OR %)	HOW OFTEN BILLED

Document:

FS (37) **You can authorize someone outside your household to pick up your food stamps for you or to use them to buy food. If you would like to authorize someone, complete below:**

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		( )

☐ Authorized Representative's I.D. Verified

CA MC (38) **Did anyone make a payment for ...th care services or get medical/pregnancy treatment this month or in the last three months before this month?** ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDI-CAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

CA MC (39) **Does anyone have MEDICARE coverage?** ☐ YES ☐ NO
If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	Check (✓)	MONTHLY PREMIUM DEDUCTED FROM CHECK	MONTHLY PREMIUM PAID BY YOU
		Part A ☐ Part B ☐	☐ YES ☐ NO	☐ YES ☐ NO
		Part A ☐ Part B ☐	☐ YES ☐ NO	☐ YES ☐ NO

CA MC (40) **Does anyone have health, dental, vision, hospitalization or long term care insurance or health plans such as Kaiser, Blue Cross, CHAMPUS, etc.?** ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

CA MC (41) **Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for?** ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		$	
		$	

CA MC (42) **Is anyone's health insurance expected to end or has it ended within the last 60 days?** ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

CA MC (43) **Does anyone have a physical or emotional problem which makes it difficult for them to work or take care of their needs?** ☐ YES ☐ NO
If "YES", complete below and check (✓) if caused by an injury or accident:

NAME OF PERSON	TYPE OF PROBLEM	INJURY/ ACCIDENT	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY
		☐		
		☐		

CA (44) A. **Does anyone have a medical condition(s) or situation(s) that requires any of the following?**
Check (✓) each item YES or NO:

	YES	NO		YES	NO
Special diet—prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

If "YES", explain:

MC B. **Is anyone a disabled person who is working and who has medical expenses, such as a wheelchair, etc., which are needed for the person to be able to work?** ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		$
		$

CA C. **Is anyone getting In-Home Supportive Services (IHSS)?** ☐ YES ☐ NO
If "YES", who:

COUNTY USE ONLY

Retroactive Application
- ☐ Retro Only
- ☐ Retro and Cont.
- ☐ MC 210A

☐ MEDICARE referral

☐ Health Care Options
Explanation given
Referral _____
NA _____

☐ DHS 6155

☐ DHS 6155

☐ DHS 6155

☐ DED Packet

☐ 3rd Party Liability

Verified ☐ YES ☐ NO
Special Need ☐ YES ☐ NO
Amount $_____

☐ IRWE (QMB and SGA)

CA (45) **Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden unusual circumstances such as an earthquake, fire or flood?** ☐ YES ☐ NO
If "YES", explain below.

COUNTY USE ONLY
Special Need Verified:
☐ YES ☐ NO

Eligible for Special Need
☐ YES ☐ NO

CA MC (46) **The following services are available. Your answers to these questions will not affect your eligibility. Check (✓) each item YES or NO.**	YES	NO	
A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.			☐ CHDP Brochure and Explanation Given Date: _____ ☐ Referral
• Do you want more information about CHDP Services?			
• Do you want CHDP medical services?			
• Do you want CHDP dental services?			
• Do you need help making appointments or with transportation to CHDP services?			
B. If you are pregnant, you can get help finding a doctor, getting transportation to see the doctor, and other help. Do you want to talk to someone about this help?			☐ Pregnant ☐ Parent or Guardian of child under 5
C. Are you breastfeeding a child?			☐ Breastfeeding ☐ Postpartum
If YES, have you given birth within the last three months?			
If you checked "YES" to either of these questions, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).			☐ WIC referral
D. Do you or any family member want free or low-cost family planning services to help plan when to prevent unplanned pregnancies and have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.			☐ Family Planning Information Given ☐ Referred Date:

CERTIFICATION

I understand the questions on this form. I understand the penalties, including the disqualification and/or welfare fraud penalties if I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility or benefits for cash aid, food stamps and Medi-Cal. I understand that the specific penalties for cash aid or food stamps include fines, jail/prison, and/or stopping my benefits for 6 months, 12 months or forever. I also understand that if I file two or more applications at the same time or I give the county false proof for an ineligible child or a child that does not exist, my cash aid can be stopped for 2 years, 4 years, or forever.

I also understand that

- any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, etc.
- all facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, food stamps, and Medi-Cal may be denied or stopped.
- my case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- the county will send facts to the Immigration and Naturalization Service (INS) to verify immigration status and the facts the county gets from INS may affect my eligibility for cash aid, food stamps, and full Medi-Cal.
- I or other family members will be required to repay any cash aid I should not have received.
- the Food Stamp household, any adult member of a Food Stamp household (even if he/she moves out), the sponsor of an immigrant household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I must apply for and keep any available health coverage if no cost is involved; if I don't, my Medi-Cal will be denied or stopped.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT FOOD STAMP HOUSEHOLD MEMBER OR FOOD STAMP AUTHORIZED REPRESENTATIVE)	DATE
SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

COUNTY USE ONLY

REGULATIONS MET?

	CA		FS		MC	
	YES	NO	YES	NO	YES	NO
Residency						
Deprivation						
Age						
Citizenship/Immigration status						
School enrollment						
Pregnancy verified/WIC Referral						
SSN						
Income—Gross and net income						
Property—Within limits and verified amount $						
Work registration						
Sponsored alien						
Federal participation established (If "NO", explain)						
HCO Presentation Referred						

FOOD STAMP TESTS

Categorically Eligible ☐ YES ☐ NO ☐ NA

Gross Income Test
Household Size
Gross Monthly Income $

Gross Income Eligible ☐ YES ☐ NO ☐ NA

Separate HH Income Test
Household Size
Gross Monthly Income $

Eligible for Separate HH Status ☐ YES ☐ NO

Aged/Disabled ☐ YES ☐ NO ☐ NA

DFA 285-C ☐ YES ☐ NO
If "NO", why:

AFDC/MC SFU Size	AU/MFBU Size
☐ INELIGIBLE (REASON)	
☐ ELIGIBLE ☐ SELECTS CAAP ☐ REDETERMINATION	AUTHORIZATION DATE
ELIGIBILITY CONDITIONS MET (DATE):	EFFECTIVE DATE
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE

FS:	HH Size:
☐ INELIGIBLE (REASON)	
☐ ELIGIBLE ☐ RECERTIFICATION	AUTHORIZATION DATE
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE (COUNTY OPTION)	DATE

IMPORTANT!

CASH AID LUMP SUM NOTICE

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the rule for lump sum income.

Lump sum income is money you may get just one time or only once in a while. Lump sum income can be back Social Security benefits, Workers' Compensation payments, court awards, lottery winnings, inheritances, and the like.

If you get a lump sum, call your worker before you spend any of it.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it and the longer you cannot get cash aid.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum need amount for your family size. For example, if the need amount for your family is $600, and you get a lump sum of $6,000, you won't be able to get cash aid for 10 months ($6,000 ÷ by $600 = 10 months). The 10 month period of time you can't get cash because you got the lump sum is called the "period of ineligibility."

You will not be able to get cash aid even if you have used up the lump sum money before the period of ineligibility ends, but the period of ineligibility may be shortened if you have an emergency or if you add someone to your assistance unit. Call your worker if you have either of these changes.

If you have any questions, contact your worker for more information or you may call toll free **1-800-952-5253** or, for the hearing impaired **(TDD) 1-800-952-8349**. You may also contact your Legal Aid Office.